

SAMPLE JOB OFFER LETTER

(Company Letterhead)

Date _____

Claim No _____

Dear (Injured Employee Name):

I am pleased to offer you ____ temporary/transitional or ____ regular employment that will accommodate your current physical capacities. Your duties are described in the attached Job Analysis that has been approved by your doctor on _____.

Your work hours are ____ to ____ and you are scheduled to work _____ through _____, which is a ____ hour workweek. This position will pay _____ per _____. If this is less than 95% of your regular salary you may qualify for Loss of Earning Power benefits.

Your supervisor will be _____. He/she has been made aware of your current physical restrictions. The supervisor was also informed that your doctor has approved the job. Should you experience any difficulties in the performance of your duties, you are to report them to your supervisor immediately. It is our goal that all employees work in a safe and injury free environment.

I wish to welcome you back. Please report to your supervisor on _____ at ____ o'clock. Should you decide not to accept this offer of employment, please call me. If I do not hear from you and you do not report for work as scheduled, I will have to assume that you have decided not to accept this job offer. According to industrial insurance regulations your time loss benefits may be affected if you do not accept this job offer.

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Phone: _____

cc: Claims Manager
 Vocational Counselor
 Physician

Attachment: Job analysis approved by attending physician